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PTO/SB/30 (08-03)  
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**Request  
For  
Continued Examination (RCE)  
Transmittal**

Address to:  
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P.O. Box 1450  
Alexandria, VA 22313-1450

|                        |               |
|------------------------|---------------|
| Application Number     | 09/575,839    |
| Filing Date            | May 22, 2000  |
| First Named Inventor   | Ayers         |
| Art Unit               | 2144          |
| Examiner Name          | Nguyen, Thanh |
| Attorney Docket Number | 52224/296056  |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_  
ii. ☐ Other \_\_\_\_\_

- b. ☒ Enclosed

- i. ☒ Amendment/Reply  
ii. ☐ Affidavit(s)/Declaration(s)  
iii. ☐ Information Disclosure Statement (IDS)  
iv. ☐ Other

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)  
b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. **11-0855**

- i. ☒ RCE fee required under 37 C.F.R. 1.17(e) 06/02/2004 CCHAU1 00000105 09575839  
ii. ☒ Extension of time fee (37 C.F.R. 1.136 and 1.17) 01 FC:1801 770.00 OP  
iii. ☐ Other \_\_\_\_\_ 02 FC:1202 432.00 OP  
03 FC:1201 250.00 OP

- b. ☒ Check in the amount of \$ **1,880** enclosed

- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

|                    |                      |                                   |              |
|--------------------|----------------------|-----------------------------------|--------------|
| Name (Print /Type) | Leroy M. Toliver     | Registration No. (Attorney/Agent) | 50,409       |
| Signature          | <i>Leroy Toliver</i> | Date                              | May 27, 2004 |

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class certified mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

|                    |                                    |      |              |
|--------------------|------------------------------------|------|--------------|
| Name (Print /Type) | Leroy M. Toliver - Reg. No. 50,409 | Date | May 27, 2004 |
| Signature          | <i>Leroy Toliver</i>               | Date | May 27, 2004 |

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|  |  |                          |              |
|--|--|--------------------------|--------------|
| <b>FEE TRANSMITTAL</b><br>for FY 2004<br>Effective 10/01/2003. Patent fees are subject to annual revision.<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | <b>Complete if Known</b> |              |
|  |  | Application Number       | 09/575,839   |
|  |  | Filing Date              | May 22, 2000 |
|  |  | First Named Inventor     | Ayers        |
|  |  | Examiner Name            | Thanh Nguyen |
|  |  | Art Unit                 | 2144         |
|  |  | Attorney Docket No.      | 52224/296056 |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | (\$) 1,880               |              |

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| <b>METHOD OF PAYMENT (check all that apply)</b>  |          | <b>FEE CALCULATION (continued)</b>  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
|--|----------|---|----------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|------|-----|------------------------|----|-------------------------------------|-----|------|-----|-----------------------------------|----|---|-----|------|-----|---------------------------------------|-----|---------------------------|-----|------|-------|--|-------|--|-----|------|------|--|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|-----|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|-----|------|-----|------|-----|---|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br>Order  |          | <b>3. ADDITIONAL FEES</b>   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| <input type="checkbox"/> Deposit Account:<br>Deposit Account Number: 11-0855<br>Deposit Account Name: Kilpatrick Stockton LLP  |          | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td>420</td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td>770</td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr></tbody></table> |          | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051                   | 65 | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052                              | 25 | Surcharge - late provisional filing fee or cover sheet. |     | 1053 | 130 | 1053                                  | 130 | Non-English specification |     | 1812 | 2,520 | 1812   | 2,520 | For filing a request for reexamination |     | 1804 | 920* | 1804   | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month | 420 | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | 770 | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity   |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1051   | 130      | 2051  | 65       | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1052   | 50       | 2052  | 25       | Surcharge - late provisional filing fee or cover sheet.                    |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1053   | 130      | 1053  | 130      | Non-English specification  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1812   | 2,520    | 1812  | 2,520    | For filing a request for reexamination                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1804   | 920*     | 1804  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1805   | 1,840*   | 1805  | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1251   | 110      | 2251  | 55       | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1252   | 420      | 2252  | 210      | Extension for reply within second month                                    | 420      |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1253   | 950      | 2253  | 475      | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1254   | 1,480    | 2254  | 740      | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1255   | 2,010    | 2255  | 1,005    | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1401   | 330      | 2401  | 165      | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1402   | 330      | 2402  | 165      | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1403   | 290      | 2403  | 145      | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1451   | 1,510    | 1451  | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1452   | 110      | 2452  | 55       | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1453   | 1,330    | 2453  | 665      | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1501   | 1,330    | 2501  | 665      | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1502   | 480      | 2502  | 240      | Design issue fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1503   | 640      | 2503  | 320      | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1460   | 130      | 1460  | 130      | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1807   | 50       | 1807  | 50       | Processing fee under 37 CFR 1.17 (q)                                       |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1806   | 180      | 1806  | 180      | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 8021   | 40       | 8021  | 40       | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1809   | 770      | 2809  | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1810   | 770      | 2810  | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1801   | 770      | 2801  | 385      | Request for Continued Examination (RCE)                                    | 770      |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1802   | 900      | 1802  | 900      | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b>   |          |   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table>   |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1001     | 770      | 2001 | 385 | Utility filing fee     |    | 1002                                | 340 | 2002 | 170 | Design filing fee                 |    | 1003  | 530 | 2003 | 265 | Plant filing fee                      |     | 1004                      | 770 | 2004 | 385   | Reissue filing fee                                 |       | 1005                                   | 160 | 2005 | 80   | Provisional filing fee                                     |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| Large Entity   |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1001   | 770      | 2001  | 385      | Utility filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1002   | 340      | 2002  | 170      | Design filing fee  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1003   | 530      | 2003  | 265      | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1004   | 770      | 2004  | 385      | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1005   | 160      | 2005  | 80       | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| <b>SUBTOTAL (1)</b>  |          | (\$) 0  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |          |   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| Total Claims: 44 -20 ** = 24 X 18 = 432  |          |   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| Independent Claims: 6 -3 ** = 3 X 86 = 258   |          |   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| Multiple Dependent: X =  |          |   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 86  | 2201 | 43  | Independent claims in excess of 3 |    | 1203  | 290 | 2203 | 145 | Multiple dependent claim, if not paid |     | 1204                      | 86  | 2204 | 43    | ** Reissue independent claims over original patent |       | 1205                                   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| Large Entity   |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1202   | 18       | 2202  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1201   | 86       | 2201  | 43       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1203   | 290      | 2203  | 145      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1204   | 86       | 2204  | 43       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| 1205   | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>  |          | (\$) 690  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
| **or number previously paid, if greater; For Reissues, see above   |          |   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
|  |          | <b>Other fee (specify) _____</b>  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
|  |          | <b>*Reduced by Basic Filing Fee Paid</b>  |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |
|  |          | <b>SUBTOTAL (3)</b> (\$) 1190   |          |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |     |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |

|                     |                      |                                   |              |           |              |
|---------------------|----------------------|-----------------------------------|--------------|-----------|--------------|
| <b>SUBMITTED BY</b> |                      | <b>Complete (if applicable)</b>   |              |           |              |
| Name (Print/Type)   | Leroy M. Toliver     | Registration No. (Attorney/Agent) | 50,409       | Telephone | 404 815-6483 |
| Signature           | <i>Leroy Toliver</i> | Date                              | May 27, 2004 |           |              |

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